Central Aroostook
COUNCIL on EDUCATION

181 Main Street
Presque Isle, ME 04769

Project Proposal & Grant Application
Section I

1. Project Title:_____

2. Applicant Name(s):_____ Co-applicant(s)_____

3. Applicant's Position/Grade:_____

4. Applicant Phone:_____ School Phone:_____

5. Applicant Email Address:_____

6. School(s) that will benefit from grant:_____

7. How many students/teachers will this grant impact: # students _____ # teachers_____

8. Anticipated start date: ____/_____/_____ Anticipated completion date:____/_____/_____

9. Total Cost of Project (round to the nearest dollar): $_____

10. Grant Cycle (Fall or Spring and Year): _____ _____

11. Category (Check the ONE category that your grant will impact the most):

    Math_____   Language Arts_____   Science_____   Social Studies_____   Technology_____

    Art_____   Music_____   ESL_____   Library_____   Health/Wellness_____   Physical Education_____

    Special Education_____   Professional Development_____

Section II

CACE Innovate mission: to promote and enhance educational excellence by generating independent funding for innovative educational projects and initiatives that fall outside the standard budget and support the curriculum.

1. Describe your project or event. Be sure to reflect on how it will meet the mission of CACE Innovate (as stated above).

2. Describe how this project is innovative. How will the materials/program be utilized in a creative fashion?

3. How does this project improve/add value to the classroom and enrich/support the curriculum?

4. How will this grant inspire and motivate students to learn?

5. Does a program like this exist locally, nationally, or globally?

6. Could this program be expanded to other classrooms or grades?

Applicant Signature: _____ Date: ____/____/_____

IT Signature: _____ Date:____/____/_____
Before submitting a technology grant, please review your grant with your IT Administrator. Their signature is required when funds will be used to purchase technology and/or media equipment. This step must be completed before the Principal reviews the grant.

Section III
Itemized Budget
(You may add/delete rows to the table as needed)

Supplies / Materials	Unit Price	Quantity	Total for Item	Vendor/Source

Equipment Cost	Unit Price	Quantity	Total for Item	Vendor/Source

Contracted Services
(CACE does not pay for transportation, lodging or meals)

Consultant	Unit Price	Quantity	Total for Item	Vendor/Source

Other Costs	Unit Price	Quantity	Total for Item	Vendor/Source

Shipping Cost: $_____

Total cost of project (please round to the nearest dollar): $_____

Are there other organizations that might be able to provide funding on this project?

Will the project have ongoing operational expenses? If so, how will they be paid?

Could this project be partially funded? If yes, please explain.

Section IV
Addendum for School Principal to complete:

1. How does this idea and/or project impact students in a different way?

2. Has this been covered by the school budget in the past?

3. If this is a successful pilot program, can it be funded by your budget in the future?

School Principal Signature: _____ Date:_____

Section V
Addendum for Superintendent to complete:

Superintendent Signature: _____ Date:_____